PTO/SB/ 01 (6-95) Approved for use through 06/30/96. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

As a below named inventor, I here	As a below named Inventor, I hereby declare that:				
My residence, post office address	*	low next to my name.			
I believe I am the original, first and names are listed below) of the sub CALIBRATION SYSTEM FO	sole inventor (if only one name lect matter which is claimed and	is listed below) or an orig	ght on the invention	on entitled	
is attached hereto unless the follow was filed on	ving box is checked:as United States Appand was amended or	olication Number or PCT I	nternational Appli (if app	cation licable).	
I hereby state that I have reviewed amended by any amendment refer	red to above.	•	•	,	
I acknowledge the duty to disclose Regulations, § 1.56. I hereby claim foreign priority benef	its under Title 35, Unlted States	Code, § 119(a)-(d) of any	foreign application	on(s) for patent or	
Inventor's certificate listed below ar having a filing date before that of th			itent or inventor's		
Prior ForeignApplication(s)				Priority Claimed	
(Number) (Country)		(Day/Month/Year Fi	☐ Yes ☐ No ☐ Yes ☐ No		
(Number)	(Country)	(Day/Month/Year F	led)		
I hereby claim the benefit under Titl	e 35, United States Code, § 119	e(e) of any United States p	provisional applica	ation(s) listed below.	
(Application Number)	(Filing C	Date)			
(Application Number)	(Filing D	ate)			
material to patentability as defined of the prior application and the nati		tate of this application.		pending, abandoned)	
(Application Number)	(Filing Da	nie) (Status patented,	us patented, pending, abandoned)	
I hereby appoint the following attorn Patent and Trademark Office conn	ney(s) and/or agent(s) to prosec	cute this application and to	transact all busin	ness in the	
	Hugh D. Jaeger		er 952-475-	1880	
Address all correspondence to	Hugh D. Jaeger		952-475-	2930 FAX	
<u></u>	1000 Superior Blvd.,			/ 	
	Wayzata, MN 55391-18	73			
I hereby declare that all statements belief are believed to be true, and fitike so made are punishable by fine such willful false statements may je Full name of sole or first inventor (urther that these statements we or imprisonment, or both, unde opardize the validity of the appl	re made with the knowled r Section 1001 of Title 18	ge that willful fals of the United Sta and thereon.	e statements and the	
Inventor's signature	n Eiden	Date 4/20/	1001		
Residence 214A 5 Brooki	th Avenue South	Citizenship	US		
Post Office Address Brooki	ngs, SD 57006	D 1 477	T C C		
Full name of second joint inventor		e) Brent Allan Dale 4/20	Joffer D/Z <i>O</i> O/		
Second Inventor's signature 804 6t	h Avenue, Apt. 5	Citizenship	US		
Brooki			- 		
Post Office Address Brooki					
X Additional inventors are hein	named on senarately numbers	ad choose attached horoto			

DECLARATION FOR PATENT APPLICATION		ADDITIONAL INVENTOR(S) Supplemental Sheet DAKTRO		1			
Name of Additional Joint Inventor, if any:	A petition has been filed for this "un	petition has been filed for this "unsigned" inventor					
Full name of additional inventor (given name, middle initial, family name): Reece Allen Kurtenbach		Inventor's Signature:		Date: 20APE01			
Residence (city, state, country): 1037 Hammond Avenue	, Br	Brookings, SD 57006		Citizenship: US			
Post Office Address (street, city, state, zip, country): Brookings, SD 57006							
Name of Additional Joint Inventor, if any: A petition has been filed for this "unsigned" inventor							
Full name of additional inventor (given name, middle initial, family name): Thomas Raymond Mittan		Inventor's Signature /homa 2 Motor		Date: 20 Apr 01			
Residence (city, state, country): 211 9th Street, Broom	Citizenship: US						
Post Office Address (street, city, state, zip, country): Brookings, SD 57006							
Name of Additional Joint Inventor, if any: A petition has been filed for this "unsigned" inventor							
Full name of additional inventor (given name, middle initial, family name): Robert Edward Seeley	Inventor's Signature No Ort Salla		Date:				
Residence (city, state, country): 20982 474 Avenue, At	Citizenship: US						
Post Office Address (street, city, state, zip, country): Aurora, SD 57002							
Name of Additional Joint Inventor, if any: A petition has been filed for this "unsigned" inventor							
Full name of additional inventor (given name, middle initial, family name):		Inventor's Signature		Date:			
Residence (city, state, country):		Citizenship:					
Post Office Address (street, city, state, zip, country):							
Name of Additional Joint Inventor, if any: A petition has been filed for this "unsigned" inventor							
Full name of additional inventor (given name, middle initial, family name):		Inventor's Signature		Date:			
Residence (city, state, country):	Citizenship:						
Post Office Address (street, city, state, zip, country):							
Additional inventors are being named on separ	ately	numbered sheets attached hereto.					